

Individual Application

Email: vanessa@cayenne.co.za

- | | | |
|---|--|---|
| <input type="checkbox"/> Individual Applicant | <input type="checkbox"/> Sole Proprietor | <input type="checkbox"/> Surety/Co-Debtor |
| <input type="checkbox"/> Installment Sale | <input type="checkbox"/> Lease | <input type="checkbox"/> Rental |
| <input type="checkbox"/> New | <input type="checkbox"/> Used | |

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Personal Details									
Surname				Dealer Code					
First Name				Originating Branch					
Middle Name/s				Input Branch					
ID No		Tax No.		Marketer ID					
Passport		Vat No.		Marketer		F & I			
Citizenship <input type="checkbox"/> SA <input type="checkbox"/> Other		Home No.		Lead Provider		F & I			
Title		Initials		Lead Provider ID					
Permit No.		Cell No		<input type="checkbox"/> Tennant		<input type="checkbox"/> Lodger			
Permit Type		Email							
Expiry Date		Gender <input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Single <input type="checkbox"/> Married		<input type="checkbox"/> Divorced <input type="checkbox"/> Widowed			
Issued Date		Graduate <input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> ANC		<input type="checkbox"/> COP <input type="checkbox"/> Other			
Country Of Issue		Date Married							
Country Of Res		Language <input type="checkbox"/> Eng <input type="checkbox"/> Afr <input type="checkbox"/> Other		Ethnic Grp		<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> W <input type="checkbox"/> C			
Home Address						Period		Y	M
Postal Address						Code			
Previous Address						Period		Y	M

Employment Details									
Employers Name				Phone No		Cont No.			
Address						Code			
Industry Type		Employee Number		Occupation		Period		Y	M
Previous Employer				Phone No					
Address						Code			
Industry Type		Employee Number		Occupation		Period		Y	M

Spouse's Details									
Spouse's Name				Surname					
ID Number				Date Of Birth					
Cell No				Cell nr.					

Relative's Details									
Relationship		Phone No.		Surname		Name			
Address						Code			

Home Ownership									
Own Property? <input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> In Your Name <input type="checkbox"/> Spouses Name <input type="checkbox"/> Both		<input type="checkbox"/> House <input type="checkbox"/> Townhouse <input type="checkbox"/> Flat					
Bond/Rental PM		Purchase Price		If Flexi/Access Bond, Total Facility					
Bond Outstanding		Current Value		ERF No.					
Bond Holder Name (Bank)									

Banking Details									
Account Type <input type="checkbox"/> Cheque <input type="checkbox"/> Savings <input type="checkbox"/> Transmission									
Branch Code				Bank Name					
Account Holders Name				Account Number					
Credit Card Company				Credit Card Number					

Income Details	
Your Basic Salary	
+ Car Allowance	
+ Income (Other than Salary, Overtime, Shift Allowance etc)	
+ Monthly Commission	
Total Monthly Income	
Net Take Home Pay	
Other Source of Income (Trusts, Maintenance, Rent)	
Please Specify	

Total Household Expenses	
Bond Payment/Rent	
Rates, Water, Electricity (Municipal Payments etc)	
Vehicle Installments (Excluding those to be settled)	
Personal Loan Repayments	
Credit card Repayments	
Furniture Accounts	
Clothing Accounts	
Overdraft Repayments	
Policy / Insurance Repayments (R&A's, Life Insurance, Household Insurance etc)	
Telephone Payment (Home, Cell, Etc) <i>If Cell: <input type="checkbox"/> Contract <input type="checkbox"/> Pre-Paid</i>	
Transport Costs	
Food And Entertainment	
Education Costs	
Maintenance	
Household Expenses (Domestic Worker, Gardener, General Maintenance, etc)	
Other (DSTV, Subscriptions or any other)	
Total Monthly Expenses	
Applicants Disposable Income	

Transaction Details					
Goods Description					
Year Model		M&M Code		Dealer Name	Cayenne Sport CC
Scheme Code		Buy Line Code		Dealer Phone	0112441900
Purpose of Goods	<input type="checkbox"/> Private	<input type="checkbox"/> Taxi	<input type="checkbox"/> Commerce	Salesman	
Contract Period		Payment Frequency	<input type="checkbox"/> Bi-annual	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Monthly
Payment Mode	<input type="checkbox"/> Arrears	<input type="checkbox"/> Cash	<input type="checkbox"/> Debit Order	BUSINESS MANAGER:	
Balloon Payment %		Balloon Payment R		Odometer Km's	
Proposed Rate %	<input type="checkbox"/> Fixed	<input type="checkbox"/> Linked	Dealer VAPS	-	
Selling Price (Inc Vat)		Dealer VAPS	-		
Extras		Dealer VAPS	-		
Extras		Transaction Fee			
Extras		Initial Fueling Charges			
Extras		License and Registration			
Extras		Less Deposit/Initial Rental			
Total Extras		Grand Total			
Source Of Deposit					

Know Your Customer

Face to Face on-site Face to Face Off-Site Remote Other

I Confirm that:

- a. I am not a minor. -
- b. A court has never declared me mentally unfit.
- c. I am not subject to an Administration Order.
- d. I do not have any current allocation pending for debt restructuring or alleviation.
- e. I do not have any current debt re-arrangement in existence.
- f. I have not previously applied for debt re-arrangement.
- g. I am not under sequestration.
- h. I do not have applications pending for credit, nor open quotations as envisaged in section 92 of the National Credit Act.

If Any of the above is incorrect state which and give details :

- a. I would like to be included in any Telemarketing Campaign. Y N
- b. I would like to be included in any Marketing List that you may sell or distribute Y N
- c. I would like to be included in any mass distribution of emails or SMS messages Y N

I understand that I will be liable for a monthly service fee

I hereby consent to this Credit Provider making enquiries regarding my credit history with any credit bureau

I consent to this Credit Provider reporting the conclusion of any credit agreement with me to the National Loans Register in compliance

with this Credit Provider's obligation under the National Credit Act

I hereby declare that the information provided by me is true and correct

Name : _____ Date: _____ Signature _____

NB!!! - Individual Application Requirements :

Dear Valued Customer,

Congratulations on the purchase of your new motor vehicle.

I will need the following documents on approval of the application

- * Barcoded identity document
- * Drivers / Learners license
- * Proof of residence not older than 2 months (Lease agreement/water & Lights, IRP5
- * 3 month's bank statements.

INSURANCE CONFIRMATION LETTER - Only needed On collection of the bike

If you don't have your own insurance we can arrange insurance for you at competitive rates

Upon Delivery the above **originals need to be sighted by myself all documens that was faxed or mailed** need to be with you at the time of delivery

Should you have any queries please do not hesitate to contact me

Business Manager

TEL : (011) 244 1901

FAX : (011) 466 1583

Consent to electronically obtain account statements from financial institutions

Name of account holder (you)* |_____|

*One account holder per consent form

Identity/Passport/Registration Number |__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|

Absa Bank Ltd, FirstRand Bank Ltd and Nedbank Ltd (the Banks) work with each other and other financial institutions to fight, amongst other crimes, finance application fraud. In these dealings, the Banks ensure that all personal and financial information about clients are protected and kept strictly confidential.

For the purpose of assessing the finance application that _____ will submit on your behalf to any or all of the Banks in the name of _____, the Banks need your consent to obtain your bank statement(s) directly from other financial institutions (as specified below). The Banks will exchange only the bank statements you have authorised and these will be safeguarded and not used for any other purposes other than the finance application for which you have consented. Bank account statements obtained will also be limited to the period necessary to assess the finance application.

Your signature below confirms that the Banks have your consent to obtain bank statement(s) on the following account(s) (that show your account transaction history) and if there is a problem with the electronic retrieval of some or all of the required bank statements for any reason, the Banks will contact you to provide physical copies:

Please note that you are liable for any costs which may be charged by a Bank for each request received to provide bank statements on your behalf.

Account 1:

Name of bank/institution | _____ |
Account type/ description | _____ |
Branch name | _____ | Branch number | _____ |
Account number | _____ |

Account 2:

Name of bank/institution | _____ |
Account type/ description | _____ |
Branch name | _____ | Branch number | _____ |
Account number | _____ |

Signature _____ Date _____

If account is in the name of a legal entity:

Name of signatory/ies _____
Capacity of signatory/ies _____